

State of Nevada
Physician's Certification for Catastrophic Leave Request

The State of Nevada's Catastrophic Leave program allows State employees to donate excess sick or annual leave to eligible co-workers who have experienced a catastrophe and have exhausted their own paid leave balances. As per NAC 284.576, the following form must be completed in order to substantiate the need for leave.

Section I (to be completed by the employee):

Employee Name: _____ Social Security number: _____

Patient name and relationship (if patient other than employee): _____

Employee Signature: _____ Date: _____

Section II (must be completed by the attending physician):

1. a. Describe the serious illness or accident which supports the need for leave. If your patient experienced an accident, describe the medical conditions that resulted from that accident. _____

b. What is the date the serious illness commenced or the accident occurred? _____

2. a. Is your patient's serious illness or medical condition "life threatening" resulting in a substantial risk of death?

☐ No. ☐ Yes. If yes, please explain

b. Does your patient have a serious illness or medical condition requiring a convalescence which you expect to exceed 10 consecutive weeks? ☐ No. ☐ Yes. If yes, please explain _____

c. What is the first date when the employee will need to be absent from work due to a serious illness or accident? _____

d. What is the first date when the employee will be able to return to work? _____

3. Will your patient need follow-up treatment once s/he returns to work? ☐ No. ☐ Yes. If yes,

a. What is the nature of the follow-up treatment? _____

b. How frequently will it be required? _____

c. When do you expect your patient to complete his/her follow-up treatment (date or length of time)? _____

Print name, address and telephone number of physician

Type of practice - field of specialty:

Signature of physician:

Date: